

100  
↓

110  
↓

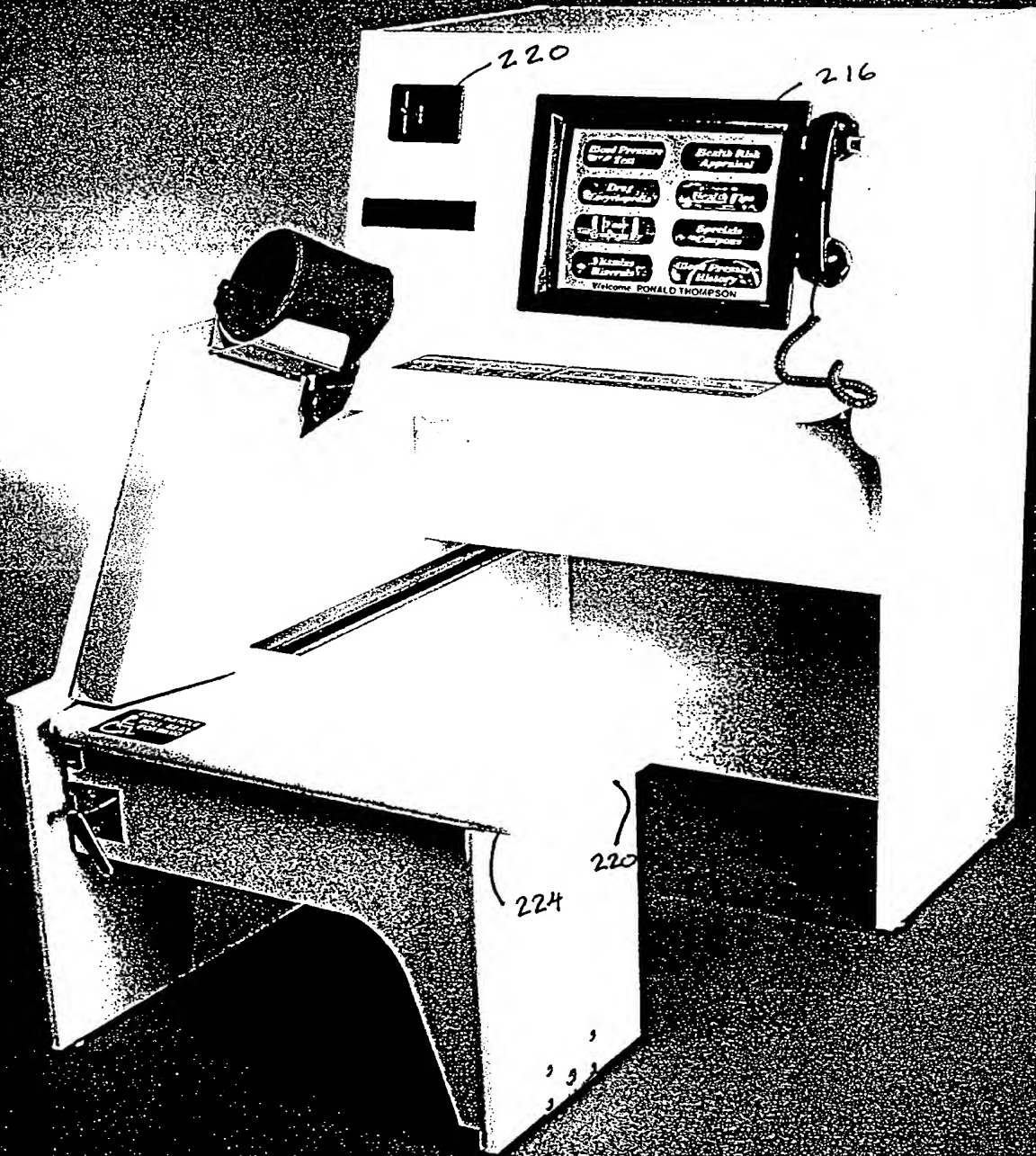


FIG. 2

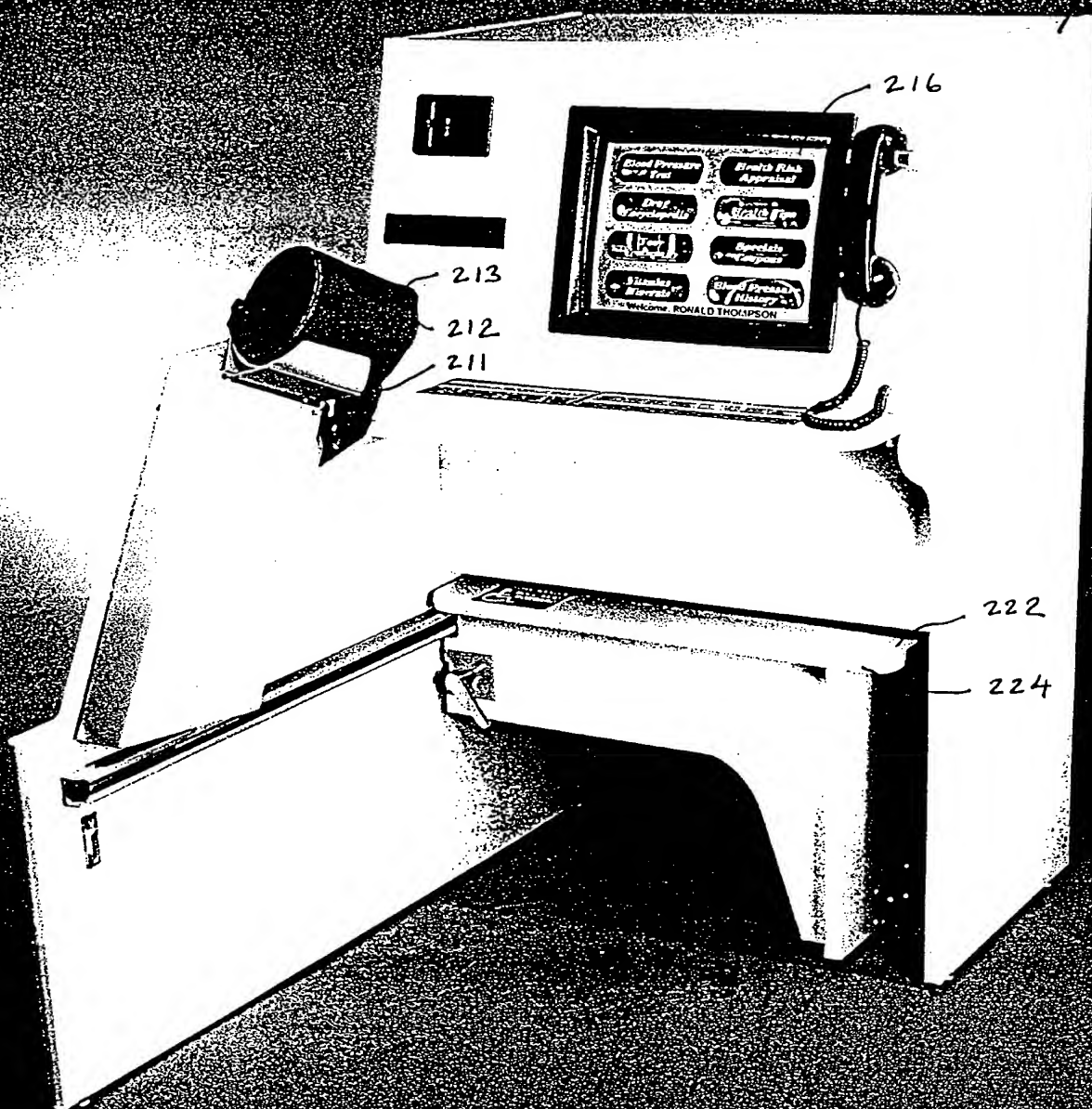


FIG. 3



FIG. 4

Place your arm in the cuff with  
your elbow resting on the table.

502 ~

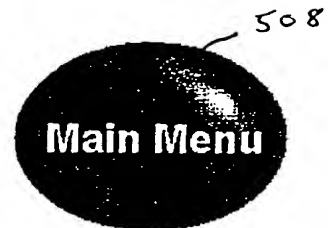
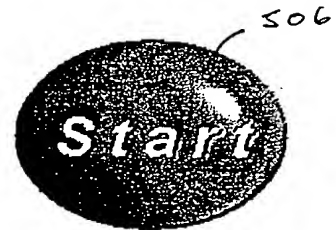
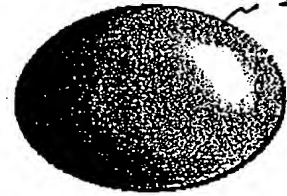


FIG. 5A

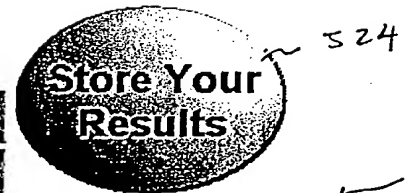
Thank you for taking the CSI 6000 Blood Pressure Test.  
Here are your results.

SYSTOLIC = 102 - OPTIMAL

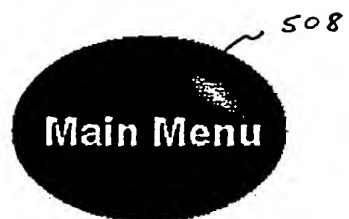
DIASTOLIC = 68 - OPTIMAL

PULSE = 82

522

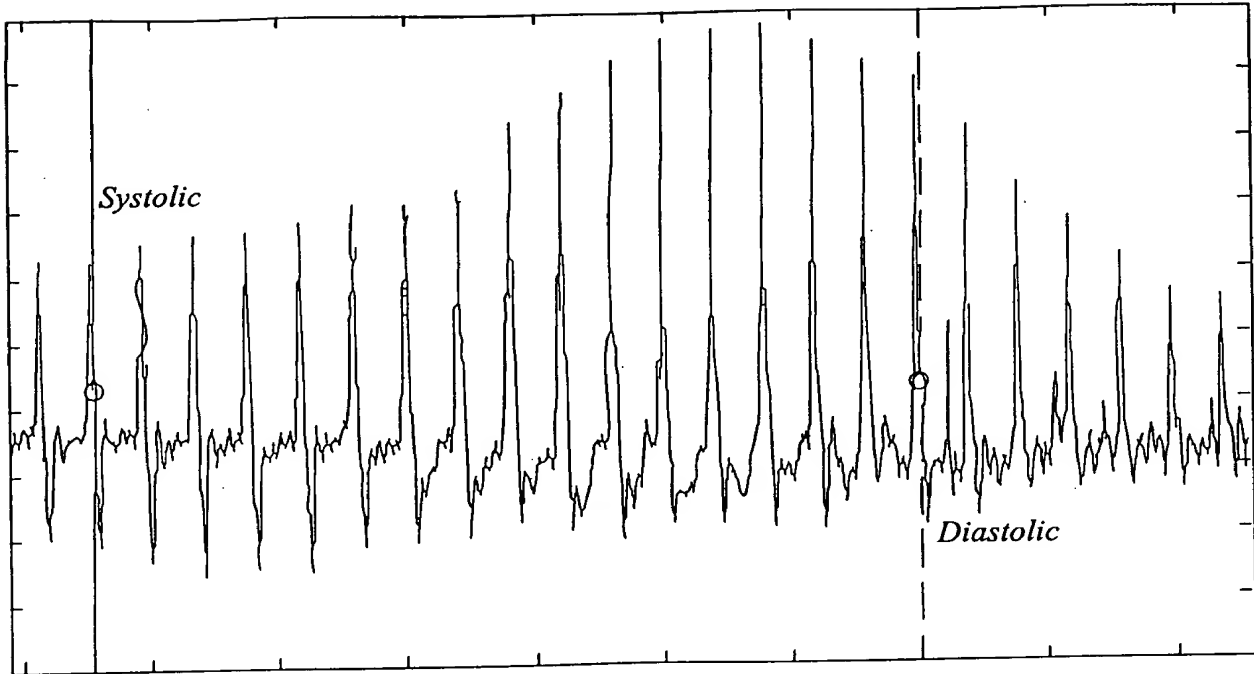


520



Print

FIG. 5B



*The Bell Curve of an actual blood pressure wave.*

FIG. 6A



FIG. 6B

*Above: A magnified section of the blood pressure wave.*

*Below: The Pressure wave form.*

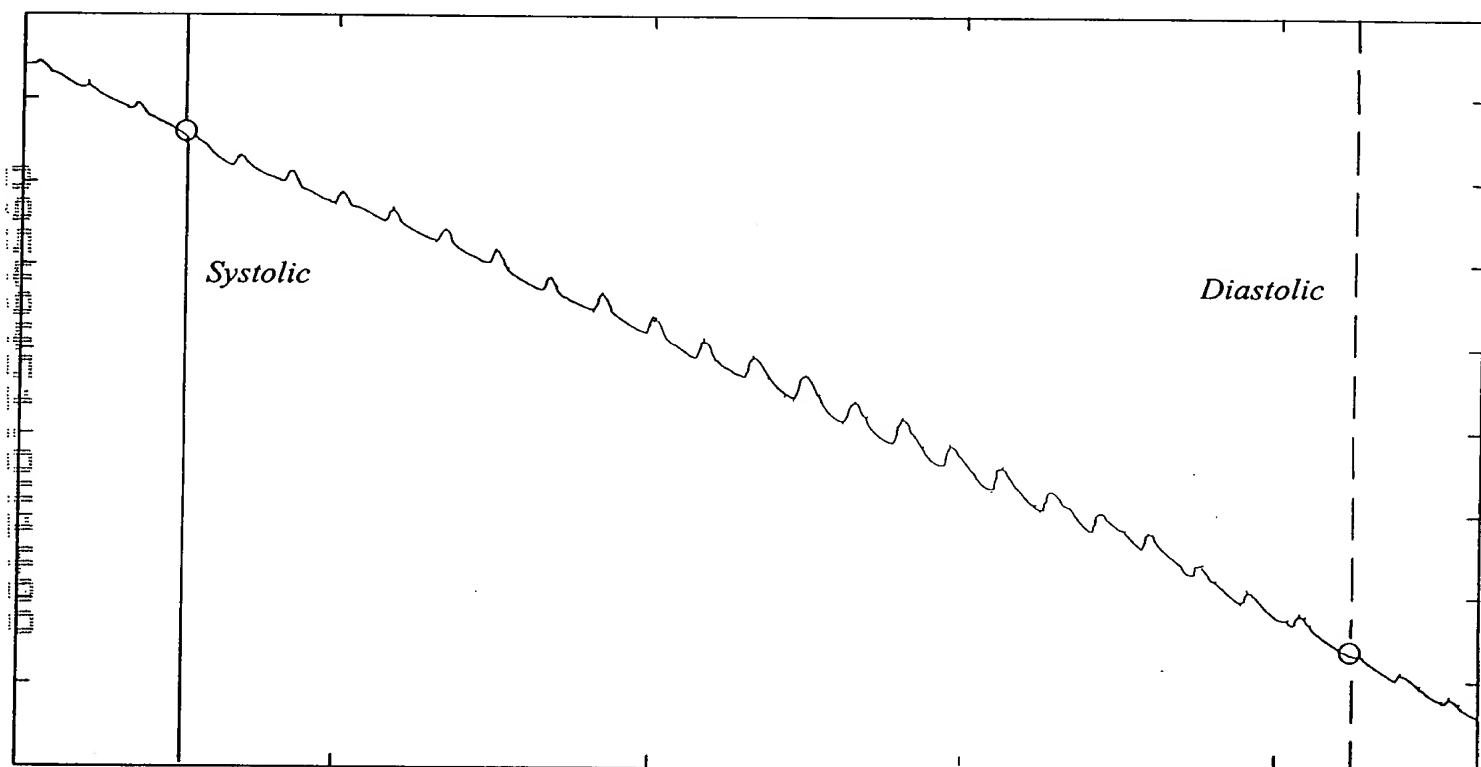


FIG. 6C

FIG. 7A

Below are your answers. If you wish to change an answer, please touch the incorrect field. If the answers are correct, touch Continue to process.

700

702 You are 31 years old

704 You are 5'11" tall

706 You weigh 150 pounds

708 Your sex is Male

710 Your frame size is Small

712 You exercise 10-20 minutes per day

714 You are a Non-Smoker

Continue 716

*Health Risk Appraisal Answers*

FIG. 7B

Here are your blood pressure results and your Health Risk Appraisal results.

720

Diastolic = 85 mmHg

Systolic = 94 mmHg

Pulse = 74

730

732 Print

*Blood Pressure and Health Risk Appraisal Results*



Please touch a selected drug.

TTT

Tacrolimus (Injection) -- Introductory Version\*

Tacrolimus (Oral)--Introductory Version\*

Terazosin (Oral)

Terfenadine and Pseudoephedrine (Oral)

Teriparatide (Diagnostic -- Injection)

Testosterone (Transdermal)

Tetracycline Periodontal Fibers (Dental)

Tetracyclines (Oral)

Theophylline Bronchodilators (Oral)

Thiazide Diuretics (Oral)



Exit

FIG. 8A

## Azatadine (Oral)

### Warning:

- If you must take this medicine regularly and you miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose. Do not double doses.
- Do not drink alcohol or take other medicines that make you sleepy.
- Do not drive or do dangerous jobs if this medicine makes you sleepy.
- If you think you may have taken an overdose of this medicine, check with your doctor.
- Do not give any of your medicine to others. It may hurt them.
- Do not leave this medicine where children can get it.

What

Tell

Take

Warning

Side Effects

View Another Drug

Drug Interaction

Exit

Print

Down

FIG. 8B

FIG. 9A

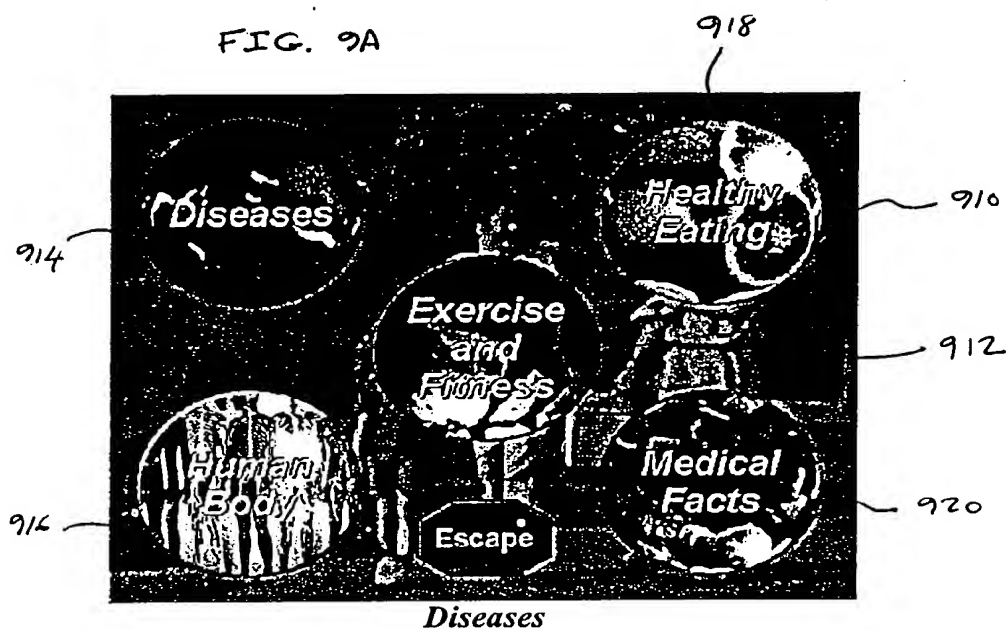


FIG. 9B

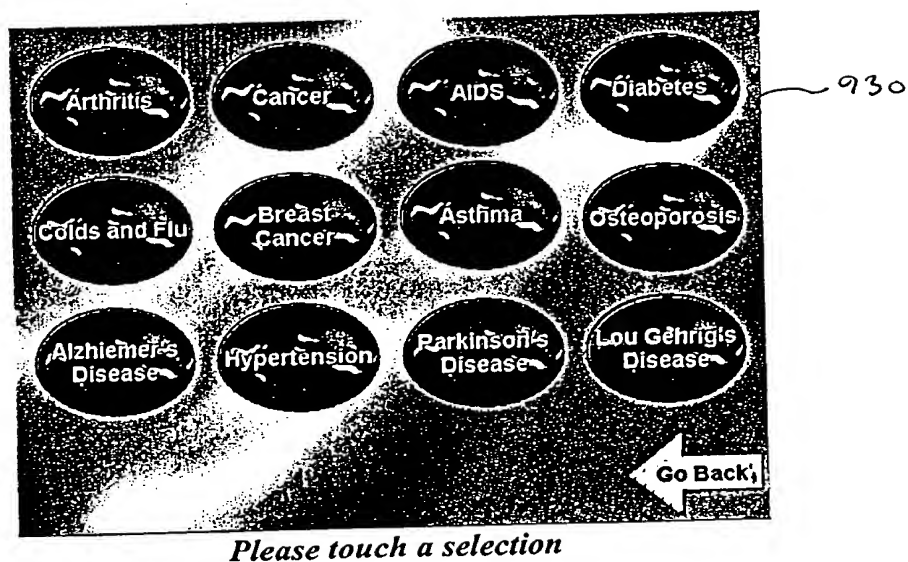


FIG. 10A

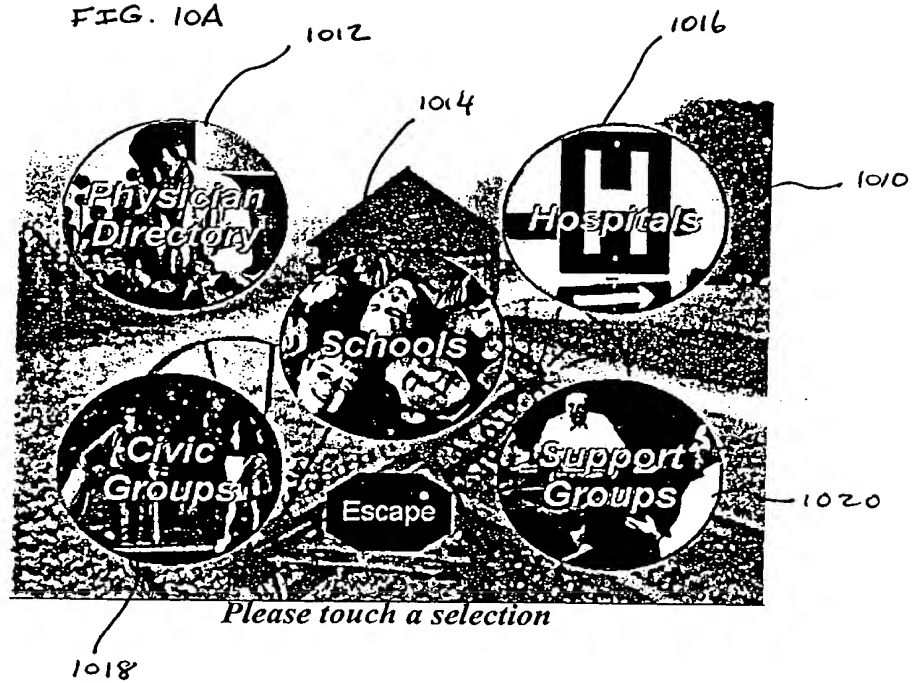


FIG. 10B

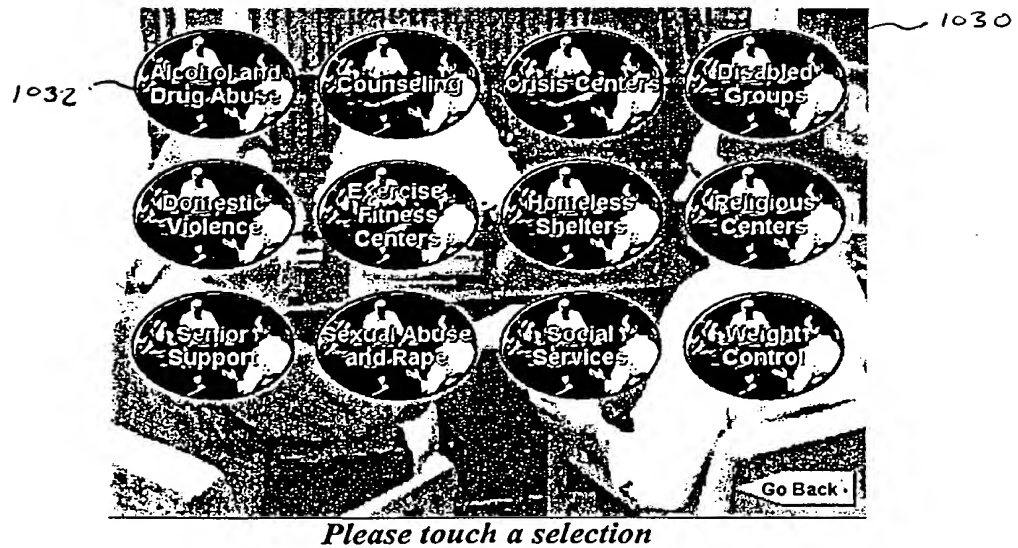


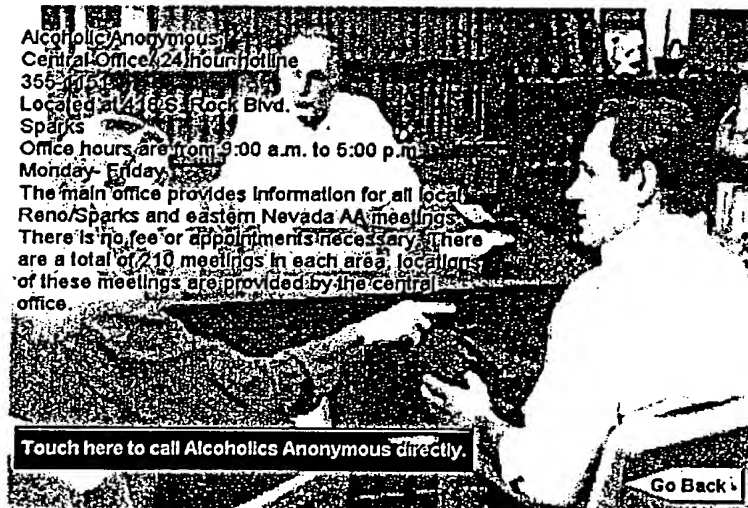
FIG. 10C



1034

Please touch a selection

FIG. 10D



AA Sample

FIG. 11A

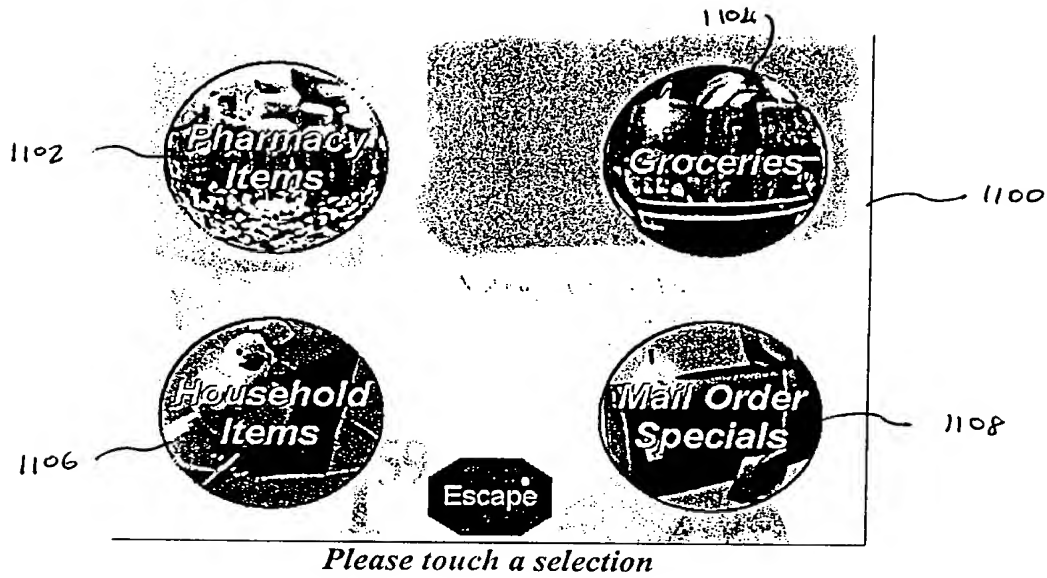
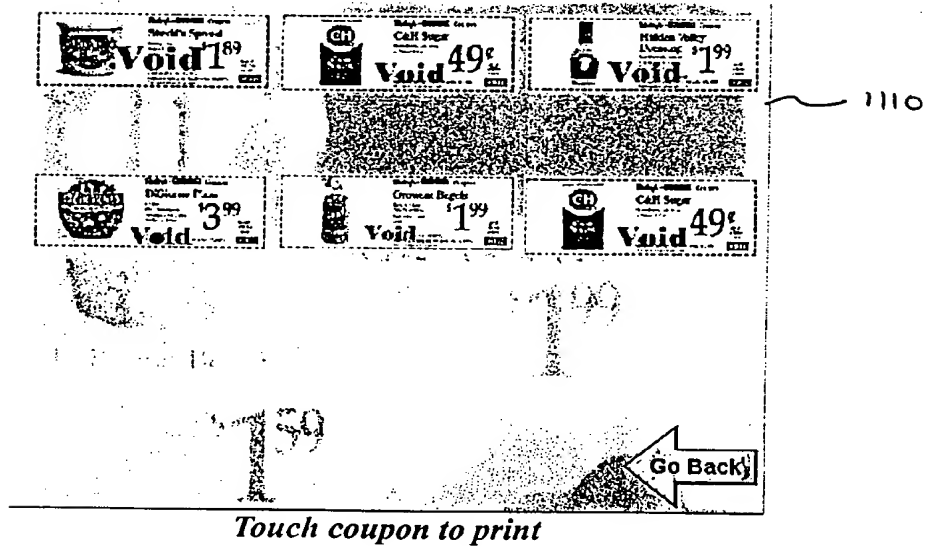


FIG. 11B



To retrieve your Blood Pressure History, please enter your Social Security number. Touch Enter when done.

~1200

555-55-5555

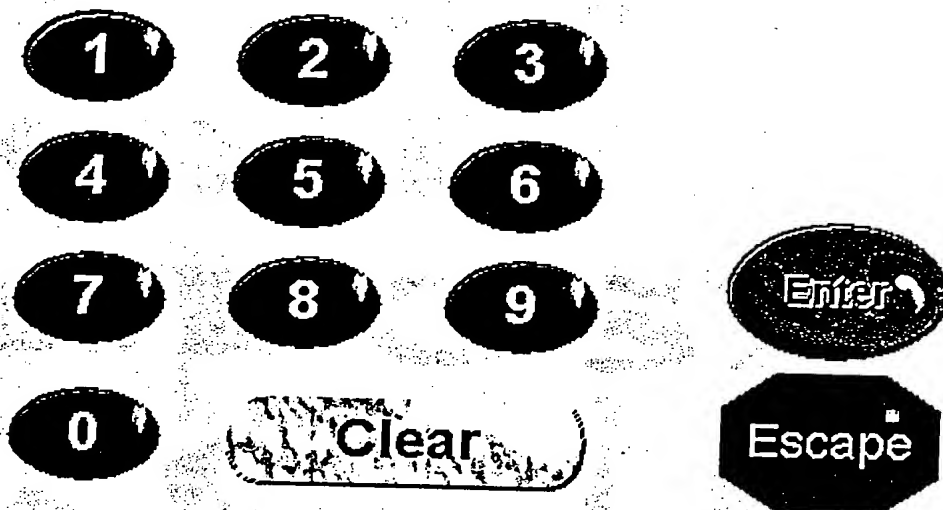


FIG. 12A

Blood Pressure History for: 549-27-2771

1200  
↙

SYSTOLIC	DIASTOLIC	PULSE	TIME	DATE
109	81	96	11:18	04-08-00
118	79	73	09:59	03-21-00
120	79	62	12:04	01-29-00
132	81	83	11:16	01-20-00
133	73	81	10:52	01-20-00
120	77	75	15:06	01-14-00
138	99	74	10:22	01-07-00
154	96	81	09:46	01-07-00
140	84	94	09:25	01-07-00
124	83	68	15:01	12-09-99

**Print**

**Escape**

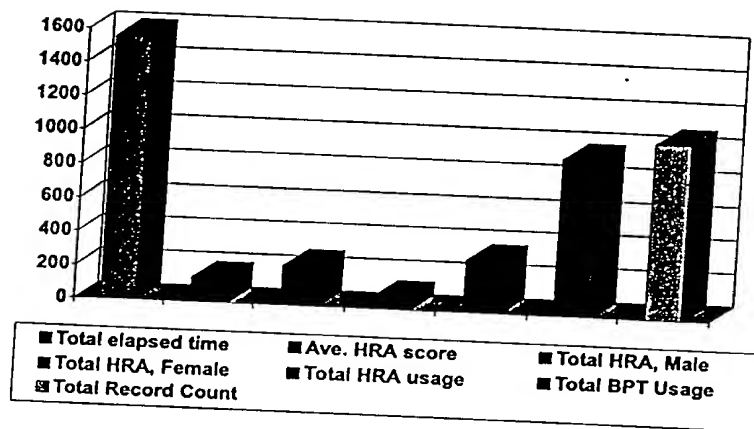
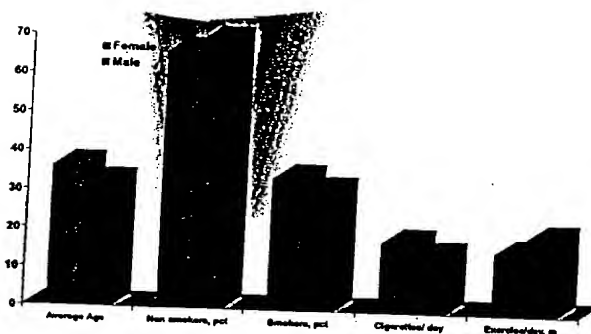


FIG. 13A



Health Risk Appraisal Response

FIG. 13B



## Total Systolic & Diastolic

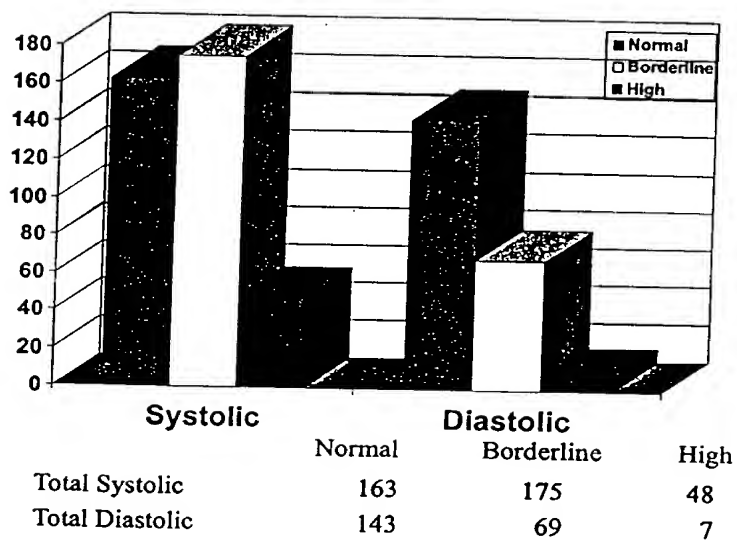


FIG. 13C

Rec	Yr	Mo	Dy	Hr	Mn	Sy	Di	Pu	BPx	Sx	Ag	Ht	Wt	Ex	Sk	Fs	BPT	HRA	BB3	BB4	ET
1	96	11	11	20	29	107	69	57	1	0	0	0	0	0	0	0	1	0	0	0	1:20
2	96	11	22	22	43	97	66	75	1	0	0	0	0	0	0	0	1	0	0	0	1:10
3	96	11	5	20	22	112	66	76	1	0	0	0	0	0	0	0	1	0	0	0	0:59
4	96	11	5	20	21	106	66	82	1	1	22	68	135	2	1	1	0	0	0	0	1:47
5	96	11	5	20	29	119	67	79	1	0	0	0	0	0	0	0	1	0	0	0	0:52
6	96	11	5	20	25	118	66	83	1	0	0	0	0	0	0	0	1	0	0	0	0:54
7	96	11	5	20	23	118	64	92	1	0	0	0	0	0	0	0	1	0	0	0	0:53
8	96	11	20	1	16	108	68	72	1	0	0	0	0	0	0	0	1	0	0	0	1:26
9	96	11	24	17	59	117	69	86	1	0	0	0	0	0	0	0	0	0	0	0	1:15
10	96	11	26	18	39	111	77	83	1	0	0	0	0	0	0	0	1	0	0	0	1:32
11	96	12	3	16	45	104	69	64	1	0	0	0	0	0	0	0	0	0	0	0	1:15
12	96	11	24	13	43	114	72	66	1	1	48	72	180	3	1	2	1	0	0	0	3:03
13	96	11	18	18	7	113	69	80	1	0	0	0	0	0	0	0	0	0	0	0	1:17
14	96	12	4	0	26	111	69	81	1	0	0	0	0	0	0	0	1	0	0	0	1:19
15	96	12	2	1	50	103	66	89	1	0	0	0	0	0	0	0	1	0	0	0	1:36
16	96	11	25	2	49	111	71	71	1	0	0	0	0	0	0	0	1	0	0	0	1:34
17	96	11	20	16	59	111	67	74	1	0	0	0	0	0	0	0	1	0	0	0	1:32
18	96	12	1	2	10	118	77	57	1	0	0	0	0	0	0	0	1	0	0	0	0:59
19	96	11	17	2	4	116	72	83	1	0	0	0	0	0	0	0	1	0	0	0	1:01
20	96	11	16	20	47	111	73	74	1	1	30	72	216	3	1	3	1	0	0	0	2:03
21	96	11	20	13	21	109	69	81	1	1	30	72	215	3	1	3	1	0	0	0	1:59
22	96	12	4	8	25	93	72	68	1	0	0	0	0	0	0	0	0	0	0	0	1:18
23	96	12	2	2	9	116	72	77	1	0	0	0	0	0	0	0	1	0	0	0	1:01
24	96	11	21	14	26	84	67	0	1	0	0	0	0	0	0	0	0	0	0	0	0:59
25	96	11	13	15	51	119	69	63	1	1	30	72	215	3	1	3	1	0	0	0	2:23
26	96	11	28	8	1	104	67	79	1	1	30	72	216	4	1	3	1	0	0	0	2:10
27	96	11	18	1	12	115	72	69	1	1	30	72	215	3	1	3	1	0	0	0	2:00
28	96	11	30	17	44	108	69	78	1	0	0	0	0	0	0	0	1	0	0	0	0:57
29	96	11	18	22	55	104	69	87	1	0	0	0	0	0	0	0	1	0	1	1	1:28
30	96	11	25	9	9	119	65	81	1	0	0	0	0	0	0	0	0	0	0	0	1:20
31	96	11	22	11	22	119	66	66	1	1	23	0	167	3	1	2	1	1	0	0	2:21
32	96	11	23	1	13	86	69	0	1	0	0	0	0	0	0	0	1	0	0	0	1:01
33	96	11	22	18	9	101	66	78	1	0	0	0	0	0	0	0	1	0	0	0	1:19

BP RESULTS

1502  
↙

YOUR BLOOD PRESSURE TEST HAS BEEN  
COMPLETED. HERE ARE THE RESULTS.

SYSTOLIC = 112 - OPTIMAL  
DIASTOLIC = 71 - OPTIMAL  
PULSE = 65

05-10-1997 14:16:54

Thank you for visiting the CSI6000.

HRA RESULTS

1504  
↙

HERE ARE YOUR HEALTH RISK  
APPRAISAL RESULTS.

YOUR SCORE IS: 95

RATED AS: EXCELLENT

YOUR HEALTH RISK IS: VERY LOW

05-10-1997 14:17:36

Thank you for visiting the CSI6000.

BLOOD PRESSURE HISTORY FOR  
555-55-5555

1506  
↙

SYS	DIA	PULSE	TIME	DATE
112	71	65	14:16	05-10-97
110	86	90	13:04	05-10-97
115	66	64	12:34	05-10-97
118	79	66	15:49	04-02-97
130	69	66	14:37	04-01-97
152	110	93	08:43	04-01-97
144	96	80	14:54	03-28-97
163	78	80	10:27	03-28-97

05-10-1997 14:18:05

Thank you for visiting the CSI6000.

Please Enter your Name

1600



(first name)

(last name)

(address)

(city)

(state)

(zip code)

(phone number)

Backspace

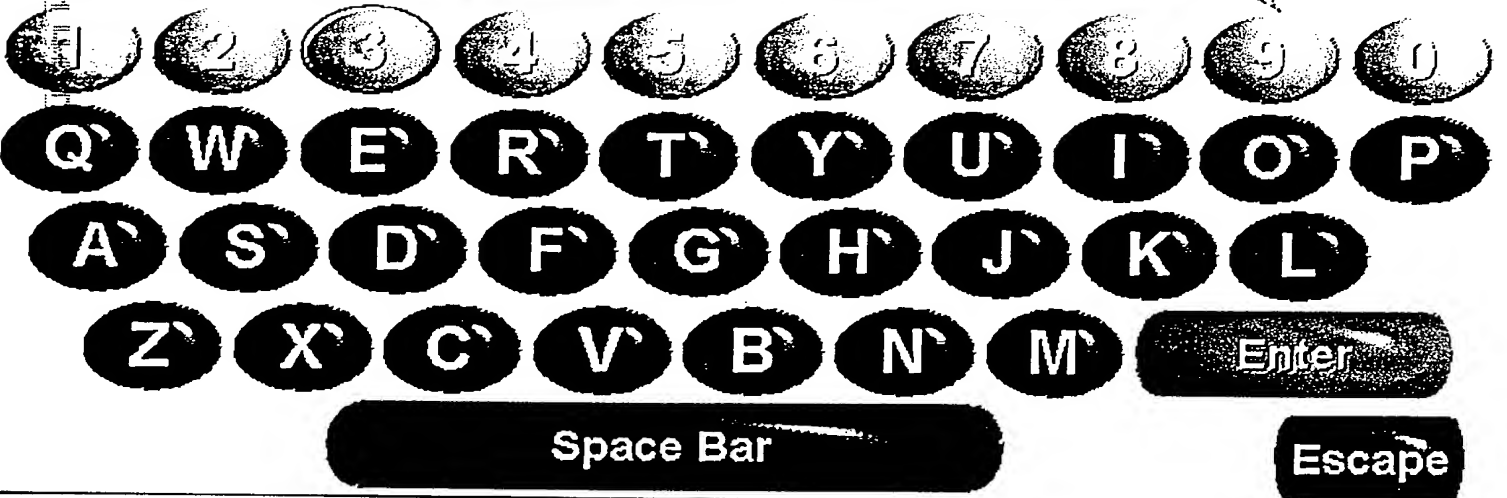


FIG. 16

**Exit**

**Back**

**Forward**

www.computerized-screening.com

Secure Personal Health Site

# CSI HealthNet.Com

## Registration Form

Email

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Address 1

\_\_\_\_\_

Address 2

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

FIG. 17

163.5

***You weigh 163.5 lbs.***

***If you feel this is incorrect, touch Clear and take your weight again.***

*Clear*

*Print*

**Main  
Menu**

FIG. 18